

## Expense Equipment Request

|   |  |                |                               |
|---|--|----------------|-------------------------------|
| 1. Medical or Dental Facility (Name and City):  |  | UIC:           | ECN:                          |
| Branch Medical/Dental Clinic:   |  | Branch UIC:    | Date:                         |
| Requesting Dept/Div:  |  | Dept/Div Code: | Command Priority              |
| Standard Nomenclature:  |  |                | Qty:                          |
| 2. Item Description/Supporting Justification: (How the equipment will be used with general description and characteristics including ALL components and accessories. Attach manufacturer's literature and quotation.) |  |                |                               |
| a. Will requested items be used in conjunction with other equipment within the entire facility (existing or proposed)?<br>If yes, explain.  |  |                |                               |
| b. Is operator training required? (Describe)  |  |                |                               |
| c. Describe the functional requirement & its clinical usage.  |  |                |                               |
| Suggested Mfr. _____ Model No. _____ Unit Acquisition Cost\$ _____<br>(Cost of accessories, installation and facility modification)   |  |                |                               |
| 3. Equipment is: New ___ Expansion ___ Replacement ___ Upgrade ___. If replacement/upgrade, complete the following:   |  |                |                               |
| a. Item being replaced/upgraded: Nomenclature _____ Manufacturer _____<br>YR purchased _____ Model No. _____ Serial No. _____ DPAS Bar Code # _____   |  |                |                               |
| b. Proposed disposition of replaced equipment: Dispose ___ Excess to command ___ Retain ___ Why retain?   |  |                |                               |
| 4. Biomedical Engineering Section: POC _____ Phone Number _____   |  |                |                               |
| a. Maintenance/repairs will be: Inhouse ___ Contract ___ Annual Contract cost \$ _____ Training costs \$ _____  |  |                |                               |
| b. Utility Requirements: Voltage ___ Current ___ Phase ___ Air ___ Water ___ Vacuum ___ Steam ___   |  |                |                               |
| c. Is connection required to: Hospital LAN ___ CHCS ___ Web ___ Other Computer System ___ What system?  |  |                |                               |
| 5. Signatures: Please print name and sign   |  |                |                               |
| a. Requesting Department Head   |  | Date           | Phone Number                  |
| b. Biomedical Engineer  |  | Date           | e. Comptroller/Fiscal Officer |
| c. Facilities   |  | Date           | f. Supply Officer             |
| d. Equipment Manager  |  | Date           | g. EPRC Chairman              |
|   |  |                | Date                          |

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## INSTRUCTIONS FOR PREPARING EQUIPMENT REQUEST (NMLC 6700/13)

### BLOCK 1:

**Medical or Dental Facility (Name and City):** Provide complete command name and city for the appropriate facility. Do not use local names. This is not where a branch clinic is indicated. This is the hospital or dental command that has the responsibility of the branch clinic.

**UIC (Unit Identification Code):** Provide UIC for the Medical or Dental Facility.

**ECN (Equipment Control Number):** The first two positions will be the fiscal year when first budgeted. The third position will always be the letter "M" to identify O&M funds. The remaining three positions will be assigned by the activity, i.e., 00M001.

**Branch Medical/Dental Clinic:** Provide the name, base and city of the branch medical or dental clinic for which the equipment request is ultimately for. Do not use local names. *LEAVE BLANK IF REQUEST IS NOT FOR A BRANCH MEDICAL OR DENTAL CLINIC.*

**Branch UIC:** Provide the UIC for the branch medical or dental clinic indicated in the previous block. *LEAVE BLANK IF REQUEST IS NOT FOR A BRANCH MEDICAL OR DENTAL CLINIC.*

**Date:** Use current date.

**Requesting Dept/Div:** Provide name of department and division requesting the equipment.

**Dept/Div Code:** *TO BE COMPLETED BY THE EQUIPMENT MANAGER.* Provide the appropriate department or division code from Annex 11.

**Command Priority:** *TO BE COMPLETED BY THE EQUIPMENT MANAGER AFTER THE EQUIPMENT PROGRAM REVIEW COMMITTEE MEETS.* Provide the command's priority for the appropriation year budget submission.

**Standard Nomenclature:** *TO BE COMPLETED BY THE EQUIPMENT MANAGER.* Provide the standard nomenclature from the P-5132, BUMED Equipment Management Manual, Annex 25. If the request is for an "upgrade" use the standard nomenclature and add "(UPGRADE)" at the end. If the request is for a "system" use the standard nomenclature and add "(SYS)" at the end.

**Item Description:** Provide a general description and characteristics including ALL components and accessories.

**Suggested Mfr/Model No/Acquisition Cost:** For planning purposes, a suggested manufacturer, model number, and total acquisition cost are to be provided. *DO NOT USE LOCAL DISTRIBUTORS NAME OR MODEL NUMBER.* The total acquisition cost must include the cost of the requested item plus the costs of all components, accessories, installation and facility modification.

**BLOCK 3:** Equipment is...Indicate if the equipment is new; expanding the capability by having more of the same item on hand; is a replacement; or is upgrading current equipment on hand.

a. To be completed if the requested item is replacing or upgrading a unit currently in use.

b. To be completed if the requested item is replacing a unit currently in use. If the current unit is going to be retained indicate why it will be retained.

### BLOCK 4:

**Biomedical Engineering POC Completes.** Self Explanatory

### BLOCK 5:

#### Required Signatures.

a. **Requesting Department Head:** Provide typed name, grade, phone number, email address.

b. Biomedical Engineering Representative.

c. Facilities Manager.

d. Equipment Manager.

e. Comptroller/Fiscal Officer

f. Supply Officer

g. EPRC Chairperson